### FORM D

UNITED STATES Mail Processing SECURITIES AND EXCHANGE COMMISSIOS Section Washington, D.C. 20549

SEC

.IAN 16 2008

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# NOTICE OF SALE OF SECURITIES OF DURSUANT TO REGULATION D<sub>107</sub> SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

SEC USE ONLY					
Prefix		Serial			
DA	TE RECEIVED				
	1				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Offering to senior management and others	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	PROCESSED
A, BASIC IDENTIFICATION DATA	JAN 2 <sup>-</sup> 8 2008
1. Enter the information requested about the issuer	THOMSON
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	FINANCIAL
W.C. Wood Holdings, Inc.	/ (IA/AIOD to
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
677 Woodland Drive, Ottawa, Ohio 75875	(419) 523-9663
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Holding company	
Type of Business Organization  corporation business trust limited partnership, already formed fimited partnership, to be formed	olease spec 08021872
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated :: DE
GENERAL INSTRUCTIONS	•
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address,	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied by filed with the SEC.	rt the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlessifiing of a federal notice.	emption. Conversely, failure to file the

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Red Diamond Capital Partners, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 655 Third Avenue, NY, NY 10017 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Michael Hadjinian Business or Residence Address (Number and Street, City, State, Zip Code) 747 N Wabash Avenue, Apartment #1501, Chicago, IL 60611-2272 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Full Name (Last name first, if individual) David Wood Business or Residence Address (Number and Street, City, State, Zip Code) 37 Grange Street, Guelph, Ontario N1E 2T8, Canada Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Peter Pfister Business or Residence Address (Number and Street, City, State, Zip Code) 25 Searles Road, Darien, CT 06820 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Darren Gange Business or Residence Address (Number and Street, City, State, Zip Code) 77 Bruce Avenue, Hicksville, NY11801 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 23450 Copperleaf, Bonita Springs, FL 34135 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Bret Russell Business or Residence Address (Number and Street, City, State, Zip Code) 325 West End Avenue, Apt. 8B, New York NY 10023 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				, ,	A. BASIC IDI	ENTI	FICATION DATA				
2. E	nter the information	on requ	ested for the fe	ollowin	ıg:						
•	Each promoter	of the	issuer, if the i	ssuer h	as been organized w	ithin	the past five years;				
•	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.										
•	Each executive	office	r and director	of corp	orate issuers and of	согро	rate general and mar	aging	partners of	fpartne	ership issuers; and
•	Each general a	nd mar	naging partner	of part	nership issuers.						
Check	Box(es) that Appl	у: [	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	ame (Last name fii rd Sehl	rst, if ir	ndividual)				<del></del>				
	ss or Residence A Leen Street, Gu		•		t, City, State, Zip Co Canada	ode)					
Check	Box(es) that Appl	y: [	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	ame (Last name fü oh Angi	st, if it	ndividual)								
	ss or Residence A Fawn Drive, Roc		•	Stree	t, City, State, Zip Co	ide)					
Check	Box(es) that Appl	y: [	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name fii	st, if ir	ndividual)								· · · · · · · · · · · · · · · · · · ·
Busine	ss or Residence A	ddress	(Number and	Street	t, City, State, Zip Co	dc)		<u> </u>			
Check	Box(es) that Appl	y: [	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name fir	st, if ir	ndividual)								
Busine	ss or Residence A	ddress	(Number and	Street	t, City, State, Zip Co	de)					
Check	Box(cs) that Apply	y: [	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name fir	st, if in	ndividual)					•			
Busine	ss or Residence A	ddress	(Number and	Street	t, City, State, Zip Co	de)					
Check	Box(es) that Appl	y: [	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name fir	st, if in	idividual)						•		
Busine	ss or Residence A	Idress	(Number and	Street	, City, State, Zip Co	de)					
Check	Box(es) that Apply	y: [	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	nme (Last name fir	st, if in	ndividual)			····					
Busine	ss or Residence Ac	idress	(Number and	Street	, City, State, Zip Co	de)					
			(Use bla	nk she	et, or copy and use a	additi	onal copies of this sh	nect, a	s necessary	)	

					В, [	NFORMAT	ION ABOU	T OFFERI	NG				
ι.	Has the	issuer sol	d. or does t	he issuer i	ntend to se	ll. to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No <b>⊯</b>
••	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.								_				
2.	the state of the s								s				
									Yes	No			
3.										ĸ			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
			first, if ind on or sales		ione will he	a naid in co	vanection v	vith this tra	nsaction				
			Address (N					*101 UII3 UE					· · · · · · · · · · · · · · · · · · ·
NA			(-			,, .							
Na:		sociated B	roker or De	aler									
Sta	tes in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	***************************************						☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	Full Name (Last name first, if individual)												
Bus	iness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	ne of Ass	sociated Bi	roker or De	aler					· · · · · · · · · · · · · · · · · · ·				
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		· · ·			=	
(Check "All States" or check individual States)									☐ AI	l States			
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (	Last name	tīrst, if ind	ividual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)							l States					
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount afready sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Amount Almodu
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$_32,568.75	§ 32,568.75
	Convertible Securities (including warrants)		17,175,000.00 \$
	Partnership Interests		
	Other (Specify)		
	Total	\$ 17,207,568.75	s 17,207,568.75
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	12	\$_17,207,568.75
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	NA ————	\$
	Regulation A	NA	s
	Rule 504	NA	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<b>Z</b>	\$_10,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		<b>s</b>
	Other Expenses (identify)		<b>s</b>
	Total		\$_10,000.00

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		17,197,568.75 \$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□\$	<b>\$</b>
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation of macl	hinery [	¬\$	s
	Construction or leasing of plant buildings and faci			<del></del>
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	s	
	Repayment of indebtedness		\$	<b>\$</b>
	Working capital		<b>7</b> \$ 17,197,569	<b>S</b>
	Other (specify):		\$	<b>\$</b>
			s	s
	Column Totals		<b>⊘</b> \$ <u>17,197,569.</u>	<sup>7</sup> <b>s</b> 0.00
	Total Payments Listed (column totals added)		<b>☑</b> \$ <u>17</u>	7,197,569.75
Γ		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	ssion, upon writte	le 505, the following n request of its staff
İss	uer (Print or Type)	Signature	Date	
W	C. Wood Holdings, Inc.	Michael Hodymia	January <u>15</u> , 200	8
	me of Signer (Print or Type)  MICHAEL HAD JINIAN	Title of Signer (Print or Type)		

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) W.C. Wood Holdings, Inc.	Michael Hodginian	Date January <u>15,</u> 2008
Name (Print or Type)  MICHACL HAD J. ~ 14~	Title (Print or Type)	

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.